

Adolescent Health Programs
Adolescent Relationship Abuse and Sexual Assault
QUALITY ASSESSMENT/QUALITY IMPROVEMENT TOOL

The following quality assessment tool is intended to provide adolescent health program managers with some guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to adolescent relationship abuse and sexual assault within their programs. The information is to be used as a benchmark for each program to engage in quality improvement efforts.

We hope that this tool will help provide guidance on how to enhance your program to respond to adolescent relationship abuse and sexual assault.

Name/Title:				
Practice/Program Name:				
Date:				
Assessment Methods				
Does your clinic/program have a written protocol for assessment and response to:	Yes	No	N/A	Don't Know
Adolescent relationship abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive and sexual coercion (birth control sabotage, pregnancy pressure, STI/HIV risk, and partner notification risk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your site provide universal education and anticipatory guidance on healthy relationships during all clinical encounters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your site provide direct assessment for reproductive coercion during:	Yes	No	N/A	Don't Know
Birth control counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI/HIV visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraception visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any written materials available to patients when they check-in for their clinic visit informing them about confidentiality and limits of confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Don't Know
Are there any scripts or instructions on your assessment form that providers can use to inform patients about confidentiality and mandated reporting requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any scripts or sample questions that providers can use on your assessment forms to ask patients about relationship abuse and sexual assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there specific prompts on the intake form (or in the electronic record) to encourage providers to assess for relationship abuse and sexual assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any scripts or sample questions that providers can use on your assessment forms to ask patients about reproductive coercion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a private place in your clinic to screen and talk with patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your clinic have a policy to ensure that providers ask about relationship abuse, sexual assault, and reproductive coercion when the patient is alone (i.e. no friends, parents, etc. present)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention Strategies				
Does your staff have:	Yes	No	N/A	Don't Know
Scripted tools/instructions about what to say and do when a patient discloses relationship abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scripted tools/instructions on how to do safety planning with patients who disclose current abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety cards/information to give to patients even when abuse is not disclosed or suspected? <i>(Recommendation: give card to all patients. If they don't need it themselves, tell them you are giving it to them so they know how to help a friend or family member)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An on-call advocate or counselor who can provide on-site follow-up with patients who disclose abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A safe place where a patient can use a phone to talk to a violence advocate/shelter/support services at your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A clear protocol for what types of behaviors require mandated reporting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program have resource lists that:	Yes	No	N/A	Don't Know
Identify referrals/resources (shelters, legal advocacy, housing, etc.) for patients who disclose relationship violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify referrals/resources for patients who disclose sexual assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes a contact person for each referral agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has a staff person who is responsible for updating the list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these lists updated at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking and Training				
Has your staff had contact with representatives from any of the following types of agencies in the past year?	Yes	No	N/A	Don't Know
Domestic violence advocates/shelter staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rape crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal advocacy/legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there anyone on your staff who is especially skilled/comfortable dealing with relationship violence and/or reproductive coercion issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your protocol advise staff on what to do if they do not feel comfortable or adequately skilled to help a patient when abuse is disclosed/suspected? (Example: Can staff 'opt out' if they are survivors of or currently dealing with personal trauma?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone on your staff participate in a local domestic violence task force or related subcommittee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a buddy system or internal referral for staff to turn to for assistance when they are overwhelmed or uncomfortable addressing violence with a patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do new hires receive training on assessment and intervention for relationship abuse and sexual assault during orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your staff receive booster training on assessment and intervention for relationship abuse and sexual assault at least once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care and Support				
	Yes	No	N/A	Don't Know
Does your program have a protocol for what to do when a staff person is experiencing intimate partner violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you talked with your employee assistance program (EAP) about what resources/help they can provide for staff who disclose current or past victimization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program have a protocol for what to do if a perpetrator is on-site and displaying threatening behavior or trying to get information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does staff have the opportunity to meet and discuss challenges and successes with cases involving relationship abuse or sexual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data and Evaluation				
	Yes	No	N/A	Don't Know
Does your program record the rate of documented screening for relationship abuse and sexual assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program record the rate of documented disclosures of relationship abuse or sexual assault by patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program conduct an annual review and update of all protocols addressing violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program do any type of consumer satisfaction surveys or patient focus groups that ask patients' opinions about assessment and intervention strategies for violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program provide regular (at least annual) feedback to providers about their performance regarding relationship abuse and sexual assault assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and Prevention				
	Yes	No	N/A	Don't Know
Does your program provide information to patients on how violence can impact their health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does any of the information that you provide to patients address healthy relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your program sponsor any patient or community education to talk about healthy relationships and indicators of abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment and Resources				
	Yes	No	N/A	Don't Know
Are there posters and other written information about what “confidentiality” means and the limits of confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any brochures/cards or other information about relationship abuse and sexual assault designed for teens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any posters about healthy and unhealthy relationships displayed at your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are materials available specific to LGBTIQ relationship abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have these brochures/cards/posters been placed in an easily visible location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have these brochures/cards/posters been reviewed by underserved communities for inclusivity, linguistic and cultural relevance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any brochures/cards or other information about reproductive and sexual coercion that are designed for teens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments and Observations:				